**Application Deadline: August 30th, 2019**

|  |  |
| --- | --- |
|  |  |
| **Title of Proposal:** |  |
| **Proposal Category:** | *(medical product, non-medical product, patient education, or program/ initiative)* |
| **Department:** |  |

|  |  |  |
| --- | --- | --- |
| **Contact Person** |  |  |
| Name: |  |
| Email Address: |  |
| Phone Number: |  |

|  |  |
| --- | --- |
| **Total Funding Requested**: | $  |

(Including cost of equipment, taxes and shipping & handling, if applicable)

|  |
| --- |
| Provide a description of the product(s)/ initiative. |
|  |

|  |
| --- |
| Provide a description of the need for the product(s)/ initiative and how it will exceed patients’ expectations of care. |
|  |

|  |
| --- |
| How will the product(s)/ initiative impact patient outcomes? |
|  |

|  |
| --- |
| Provide support for why this product(s)/ initiative does not fit within your departments general operating budget? |
|  |

|  |
| --- |
| **Budget** |
| **Cost:** |  |
|  |  |
| **Additional Costs:** |  |
| (Tax, shipping, maintenance)  |  |
|  |  |
| **Total Cost:** |  |

***\*please attach a quote for the above purchase.***

|  |
| --- |
| **Project Lead Signature** |
|  |  |  |
| **Signature** |  | **Date**  |

**Submit this application by August 30th, 2019 to:**

RCH Foundation Office Attention: Alison Cowie OR alison.cowie2@fraserhealth.ca

|  |
| --- |
| **Approval** |
|  |  |  |
| RCHF AIM Committee  |  | Date |
| 🞎 **Approved**  | Amount:  | $ |
| 🞎 **Declined**  | Reason: |  |